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CONFIRMATION NO. 5149

<b>SERIAL NUMBER</b> 10/607,563	<b>FILING OR 371(c) DATE</b> 06/27/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> 6750-173-999
<b>APPLICANTS</b> Donald J. Kyle, Newtown, PA; Qun Sun, Princeton, NJ; Laykea Tafesse, Robbinsville, NJ; Chongwu Zhang, Dayton, NJ; Xiaoming Zhou, Plainsboro, NJ;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/391,962 06/28/2002 and claims benefit of 60/411,030 09/17/2002 and claims benefit of 60/413,148 09/25/2002 and claims benefit of 60/416,582 10/08/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/15/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 236
<b>INDEPENDENT CLAIMS</b> 15				
<b>ADDRESS</b> 20583				
<b>TITLE</b> Therapeutic agents useful for treating pain				
<b>FILING FEE RECEIVED</b> 7626	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	